

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 139
Registered No. 128

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child juan ybarra

(If child is not yet named, make supplemental report, as directed.)

| | | | | | |
|--------------------------------|---|-------------------------------------|---------------------------------|------------------------------|---|
| 3. Sex of Child <u>male</u> | To be answered ONLY in event of plural births. <u>2</u> | 4. Twin, triplet or other. <u>2</u> | 5. No., in order of birth _____ | 6. Legitimate? <u>yes</u> | 7. Date of birth <u>June 24, 1926</u> Month Day Year |
|--------------------------------|---|-------------------------------------|---------------------------------|------------------------------|---|

8. FATHER

Full name juan ybarra

9. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state.

10. Color or race Mexican

11. Age at last birthday 37 (Years)

12. Birthplace (city or place) Mexico
(State or country)

13. Occupation

Nature of industry miner

14. MOTHER

Full maiden name Señora Muldonado

15. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state.

16. Color or race Mexican

17. Age at last birthday 33 (Years)

18. Birthplace (city or place) Mexico
(State or country)

19. Occupation

Nature of industry Housewife

20. Number of children of this mother five
(Taken as of time of birth of child hereon
certified and including this child.)

(a) Born alive and now living five
(b) Born alive but now dead none
(c) Stillborn none

21. Were precautions taken against oph-
thalmia neonatorum?
yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:45 p.m. on the date above stated
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. C. Harper
physician

(Physician or midwife).

Given name added from
a supplemental report _____
Month, day, year _____

Address Globe, Ariz.

Filed 6/31, 1926 W. W. Norst
Registrar

181-624-246

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.